FORM D

1228797

UNITED STATES
SECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR INIFORM LIMITED OFFERING EXEMPTIO

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	Prefix	Serial	
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UNIFORM LIMITED OFFERING EXEMP	
Name of Offering (check if this is an amendment and name has changed, and indicate change.) Offe unclerlying securities issued upon conversion) for aggregate offering of up to \$10,000,000	ring of Convertible Notes (including
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)	ULOE
Type of Filing: New Filing Amendment	SCHARECENED
A. BASIC IDENTIFICATION DATA	1881
1. Enter the information requested about the issuer	APR - 9 200
Name of Issuer (check if this is an amendment and name has changed, and indicate change.)	2007
The Tennis Channel, Inc.	100
Address of Executive Offices (Number and Street, City, State, Zip Code) 2850 Ocean Park Blvd., Sulte 150, Santa Monica, CA 90405	Telephone Vilmo (Onogqui), Area Code) 310.314.9400
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Including Area Code)
Brief Description of Business Owns and operates 24 hour cable tennis channel.	PROOF
Type of Business Organization organization limited partnership, already formed business trust limited partnership, to be formed	lease specify): APR 1 3 2007
✓ corporation ☐ limited partnership, already formed ☐ other (pl	APR 1 3 2007 THOMSON
Corporation Ilimited partnership, already formed Other (pl business trust Ilimited partnership, to be formed Month Year Actual or Estimated Date of Incorporation or Organization: O 5 O 1 Actual Estim Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:	FINANCIAL
Corporation Ilimited partnership, already formed other (plusiness trust limited partnership, to be formed	DE
Corporation	r Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. A notice is deemed filed with the U.S. Securities

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

- ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

SEC 1972 (6-02)

1 of 9

		A. BASIC IDI	NTIFICATION DATA		
2. Enter the information rec	uested for the fol	lowing:			
 Each promoter of the 	e issuer, if the iss	uer has been organized w	ithin the past five years;		
 Each beneficial own 	er having the pow	er to vote or dispose, or di	ect the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
			corporate general and man		
Each general and m	anaging partner o	f partnership issuers.			
		<u> </u>			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Solomon, Ken					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
c/o The Tennis Channel, In	ic., 2850 Ocean I	Park Blvd., Suite 150, Sa	anta Monica, CA 90405		·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual) .				
Schwartz, Alan G.					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)	· · · · · · · · · · · · · · · · · · ·	
c/o Columbia Equities, L.P	., 3611 North Ke	dzie Avenue, Chicago, I	L 60618		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)		***************************************		
Biondi Jr., Frank J.					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
c/o The Tennis Channel, Ir					•
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				- · · · · · · · · · · · · · · · · · · ·
Bellamy, Steve					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
c/o The Tennis Channel, In	ic., 2850 Ocean I	Park Blvd., Suite 150, Sa	anta Monica, CA 90405		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Gorman, Kenneth F.					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
c/o The Tennis Channel, In	c., 2850 Oceán F	Park Blvd., Suite 150, Sa	inta Monica, CA 90405		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	□ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Fleming, Jim					
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ode)		
c/c The Tennis Channel, la	nc., 2850 Ocean	Park Blvd., Suite 150, S	anta Monica, CA 90405		
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				·
Tobin, Scott	•				
Business or Residence Addres	s (Number and	Street, City, State, Zip Co	ide)		
c/o The Tennis Channel, Ir					i

A. BASIC IDENTIFICATION DATA	
 Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years; Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of the executive officer and director of corporate issuers and of corporate general and managing partners of the Each general and managing partner of partnership issuers. 	of a class of equity securities of the issu
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual) Goss, Michael	,
susiness or Residence Address (Number and Street, City, State, Zip Code)	mm troi
C/o The Tennis Channel, Inc., 2850 Ocean Park Blvd., Suite 150, Santa Monica, CA 90405 Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or
Theck Hox(es) that Apply: Promoter Beneficial Owner Apply: Director	Managing Partner
ull Name (Last name first, if individual) Simon, William	
usiness or Residence Address (Number and Street, City, State, Zip Code) 2/o The Tennis Channel, Inc., 2850 Ocean Park Blvd., Suite 150, Santa Monica, CA 90405	
heck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual) Meister, David L.	· · · · · · · · · · · · · · · · · · ·
usiness or Residence Address (Number and Street, City, State, Zip Code)	
1535 Michael Lane, Pacific Palisades, CA 90272	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual) Brady, John T.	
ousiness or Residence Address (Number and Street, City, State, Zip Code) 4847 Queen Victoria Road, Woodland Hills, CA 91364	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual)	
Apollo Tennis Ventures, LTD	
Business or Residence Address (Number and Street, City, State, Zip Code) 500 Fifth Avenue, 35th Floor, New York, NY 10110	
Check Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual)	
DND Capital Partners LLC	
usiness or Residence Address (Number and Street, City, State, Zip Code)	
9 West 57th Street, Suite 4615, New York, NY 10019	
theck Box(es) that Apply: Promoter Beneficial Owner Executive Officer Director	General and/or Managing Partner
ull Name (Last name first, if individual) Waterview Partners	
usiness or Residence Address (Number and Street, City, State, Zip Code) 2425 Olympic Boulevard, Suite 4030W, Santa Monica, CA 90404	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary)

		A. BASIC	IDENTIFICATION DATA		Control of the Asset of the Ass
2. Enter the information re	quested for the fol	lowing:		· · · · · ·	
 Each promoter of t 	he issuer, if the iss	suer has been organize	d within the past five years;		
 Each beneficial ow 	ner having the pow	er to vote or dispose, o	or direct the vote or disposition	of, 10% or more of	a class of equity securities of the issuer.
• Each executive off	icer and director of	f corporate issuers and	l of corporate general and ma	naging partners of	partnership issuers; and
 Each general and r 	nanaging partner o	f partnership issuers.			
Check Box(es) that Apply:	Promoter	✓ Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Business or Residence Addre	ss (Number and	Street, City, State, Zig	p Code)		-
45 Rockefeller Plaza, Suit			,		
Check Box(es) that Apply:	Promoter	Beneficial Own	ner Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Bain Capital Venture Fund					
Business or Residence Addre		Street, City, State, Zir	p Code)		
111 Huntington Avenue, E	Boston, MA 0219	9	,		
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Battery Ventures VI, L.P.					
Business or Residence Addre	ss (Number and	Street, City, State, Zij	p Code)		
20 William Street, Suite 20	00, Wellesley, MA	02481			
Check Box(es) that Apply:	Promoter	✓ Beneficial Own	er Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)				
Columbia Capital Equity F	Partners III (QP), L	P.			
Business or Residence Addre	ss (Number and	Street, City, State, Zit	p Code)		
201 North Union Street, S	uite 300, Alexand	Iria, VA 22314			
Check Box(es) that Apply:	Promoter	✓ Beneficial Own	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)	 			
J.P. Morgan Partners (BH	CA), L.P.	•			
Business or Residence Addre 1221 Avenue of the Ameri	=		,		
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i	f individual)			• • • •	
Elkes, Terry					
Business or Residence Addre	ss (Number and	Street, City, State, Zip	p Code)		
c/o The Tennis Channel,	inc., 2850 Ocean	Park Blvd., Suite 150	0, Santa Monica, CA 9040!	5	
Check Box(es) that Apply:	Promoter	Beneficial Own	er Executive Officer	✓ Director	General and/or Managing Partner
Full Name (Last name first, i Vogel, Carl	f individual)				
Business or Residence Addre		Street, City, State, Zip Park Blvd., Suite 150	Code) D, Santa Monica, CA 90405	5	

I,			A. BASIC ID	ENTIFICATION DATA		1.4.1.	
2.	Enter the information re	equested for the fo	llowing:				
	• Each promoter of	the issuer, if the is:	suer has been organized v	vithin the past five years;			
	Each beneficial ow	ner having the pow	ver to vote or dispose, or di	rect the vote or disposition	of, 10% or more o	f a class of	equity securities of the issuer.
				corporate general and mai			
			of partnership issuers.		5 0.	•	•
	· · · · · · · · · · · · · · · · · · ·						
Chec	k Box(es) that Apply:	Promoter		Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first, i	if individual)					
Apo	ollo Tennis Ventures 2	, LLC					
Busi	ness or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)			· · · · · ·
500	Fifth Avenue, 35th Flo	oor, New York, N	Y 10110				
Chec	k Box(es) that Apply:	Promoter	✓ Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first,	if individual)	· · · · · · · · · · · · · · · · · · ·				
Ech	ostar Satellite L.L.C.						
Busi	ness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)		·	
960	1 South Meridian Boul	levard, Englewoo	od, CO 80112				
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first, i	if individual)					
DIR	ECTV Enterprises, LL	c					
Busi	ness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)			
223	30 East Imperial Highv	•		,			•
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first, i	if individual)					
Bat	tery Investment Partne	ers VI, LLC					
Busi	ness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)			
			ite 200, Wellesley, MA				
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first,	if individual)					
Rid	er, Bruce						
	ness or Residence Addre The Tennis Channel, l	•	Street, City, State, Zip C	ode) anta Monica, CA 90405			,
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first,	if individual)				- · · · - · · ·	
Busi	ness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)			
Chec	k Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director		neral and/or lanaging Partner
Full	Name (Last name first, i	if individual)					
Busia	ness or Residence Addre	ess (Number and	Street, City, State, Zip C	ode)	,		
	· ·	(Use bla	nk sheet, or copy and use	additional copies of this s	heet, as necessary)	

		* * * * * * * * * * * * * * * * * * * *	•		B. II	NFORMATI	ON ABOU	T OFFERI	NG	,			
										_		Yes	No
1.	Has the	issuer sold	l, or does th			ll, to non-a				-	•••••		\square
_	3371	A1. a				Appendix,		_				s N/A	
2.	wnat is	the minim	um invesin	ient that w	iii be acce	pted from a	ny individ	чан,	•••••••	•••••••••••••	,	Yes	No
3.	Does th	e offering	permit join	t ownershi	p of a sing	le unit?	•					☑	
4.	commis	sion or sim	ilar remune	ration for s	olicitation	/ho has bee of purchase int of a brok	rs in conne	ction with	sales of sec	curities in t	he offering.		
	or states	, list the na	ame of the b	roker or de	aler. If mo	ore than five on for that	(5) persor	is to be list	ed are asso				
	l Name (I	Last name	first, if ind	ividual)									
Bus	iness or	Residence	Address (N	lumber and	Street, Ci	ty, State, Z	ip Code)			<u> </u>			
Nai	me of Ass	sociated Br	oker or De	aler									
Sta	tes in Wh	ich Person	Listed Has	s Solicited	or Intends	to Solicit I	urchasers						
	(Check	"All States	s" or check	individual	States)	•••••					••••••		States
	AL	AK	AZ	AR	CA	(CO)	CT	DE	DC	FL	GA	HI	ID
	IL	[IN]	IA	KS	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT	NE SC	[NV]	NH	NJ	NM TUE	NY	NC	ND	OH	OK W	OR	PA
	RI	SC	SD	TN	TX	ŪT	VT	VA	WA	WV	[WI]	WY	PR
Ful	Full Name (Last name first, if individual)												
Bu	siness or	Residence	Address (1	Number an	d Street, C	ity, State, 2	Zip Code)						
Na	me of As:	sociated Br	roker or De	aler	<u></u>		_						
Sta	tes in W/h	ich Parcon	Listed Ha	e Calicited	or Intende	to Solicit	Durchacare						
514													States
												_	
	AL	AK IN	AZ IA	AR	CA KY	CO	CT	DE	DC NA	FL	GA)	HI	
	IL MT	NE NE	NV	KS NH	NJ	LA NM	ME NY	MD NC	MA ND	MI OH	MN OK	MS OR	MO PA
	RI	SC	SD	TN	TX	UT	VT	VA	WA	WV	WI	WŸ	PR
Ful	l Name (Last name	first, if ind	ividual)									
<u>a</u>	cinese or	Davidance	Addrace	Number on	d Straat f	City, State,	Zin Codu)						
Вu	5111 655 01	Kesidence	: Audiess (i	Number an	a succi, C	ity, state, i	Zip Code)						
Na	me of As	sociated Bi	roker or De	aler									
Sta	tes in Wh	nich Persor	Listed Ha	s Solicited	or Intends	to Solicit	Purchasers						
	(Check	"All States	s" or check	individual	States)							☐ Al	l States
	AL	AK	AZ	AR	CA	CO	CT	DE	DC	FL	GA	Ш	[D]
	IL	IN	ĪA]	KŠ	KY	LA	ME	MD	MA	MI	MN	MS	MO
	MT RI	NE SC	NV SD	NH TN	NJ TX	NM UT	NY VT	NC VA	ND WA	OH WV	OK WI	OR WY	PA PR
						لئىتب							

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	<u>\$</u> -0-	so-
	Equity	s -0-	s -o-
	Common Preferred		
	Convertible Securities (including warrants)		\$_10,000,000
	Partnership Interests		<u> </u>
	Other (Specify)		\$ <u>-</u> 0-
	Total	§ 10,000,000	<u> </u>
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."	:	Aggregate Dollar Amount of Purchases
	Accredited Investors	22	\$ 10,000,000
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C — Question 1.		
	Type of Offering	Type of Security	Dollar Amount Sold
	Rule 505		_
	Regulation A		
	Rule 504		s
	Total		_ \$
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.		
	Transfer Agent's Fees		□ \$
	Printing and Engraving Costs	······	
	Legal Fees	······	\$ 20,000
	Accounting Fees	•	□ \$
	Engineering Fees		□ \$
	Sales Commissions (specify finders' fees separately)	•	s
	Other Expenses (identify)		□ * □ \$
	Total		\$ 20,000

C. OFFERING PI	RICE, NUMBER OF INVESTORS, EXPENSES AND US	E OF PROCEEDS	
and total expenses furnished in response	gregate offering price given in response to Part C — Questo Part C — Question 4.a. This difference is the "adjusted	gross	\$ <u>9,980,000</u>
. Indicate below the amount of the adjust cach of the purposes shown. If the am check the box to the left of the estimate. proceeds to the issuer set forth in response.	te and		
		Payments to Officers, Directors, & Affiliates	Payments to Others
Salaries and fees			_ 🗆 \$
Purchase of real estate		🗀 \$	_ 🗆 \$
Purchase, rental or leasing and installa			
	ing and facilities	_	_
	ings and facilities	🗀 🕽	- L 2
offering that may be used in exchange	ding the value of securities involved in this for the assets or securities of another		
			
			
Working capital		S	_ \$_9,980,000
Other (specify):		\$	_ 🗆 \$
		 	_ 🗆 \$
Column Totals			\$ 9,980,000
	added)		,980,000
	D. FEDERAL SIGNATURE	<u> </u>	
he issuer has duly caused this notice to he s	signed by the undersigned duly authorized person. If this	s notice is filed under D	ule 505, the followi
ignature constitutes an undertaking by the	issuer to furnish to the U.S. Securities and Exchange C any non-accredited investor pursuant to paragraph (b)	ommission, upon writt	
ssuer (Print or Type)	Signature 00 - 0 0	Date	,
The Tennis Channel, Inc.	William S. Sim	April 5, 2006	
Name of Signer (Print or Type)	Title of Signer (Print or Type)		
William Simon	Secretary		

 \mathcal{END}

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)